FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

739350

(7)

THE FLORIDA TEACHING PROFESSION - NEA (FTP-NEA) HOLDING CORP., INC.

Principal Place of Business 213 S. ADAMS STREET TALLAHASSEE FL 32301		Mailing Address			i 4487kt 10698 hithe libide alter altri addi andri bren erdir etdi) altri erak	
		213 S. ADAMS STREET TALLAHASSEE FL 32301-1720				
					3. Date Incorporated or Qualified 06/14/1977	3a. Date of Last Report 03/28/1996
2. Principal Place of Business 21		28. Mailing Address 26		4. FEI Number 59-1843674	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State)	City & State		······································	6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Cour	ntry	Trust Fund Contribution 8. This corporation has liability for its	Added to Fees intangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Current	Registered Agent		04 1	10. Name and Address of New Re	gistered Agent
			ĺ	81 Name		
RYOR, JOHN 213 SOUTH ADAMS ST			Ī	82 Street Ad	dress (P.O. Box Number is Not Acceptab	ile)
TALLAHASSEE FL 32301				83		
			Ţ	84 City		FL 85 Zip Code
11. Pursuant to office or reagent. I ar	lo the provisions of Sections 617.0502 egistered agent, or both, in the State on In familiar with, and accept the obliga	and 617.1508, Florida Statu of Florida. Such change was tions of, Section 617.0503, F	utes, the ab authorized lorida Stati	ove-named co I by the corpor utes.	rporation submits this statement for the parties acceptation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered agen	f and title if applicable. (NC	OYE: Registered	Agent signature rec	uired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	VTD	☐ DELETE	1.1 T(T	LE		Change Addition
NAME	RYOR, JOHN		1.2 NA	ME		
STREET ADDRESS CITY-ST-ZIP	213 SOUTH ADAMS ST TALLAHASSEE FL			REET ADDRESS Y+ST-ZIP		
TITLE	PD	☐ DELETE	2.1 T/T			Change Addition
NAME	WALLACE, AARON		2.2 NA	ME		•
STREET ADDRESS	213 S ADAMS ST		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL			TY-ST-ZIP		
TITLE	D	DELETE	3.1 TIT			Change Addition
NAME.	DINNEN, MAUREEN		3.2 NA	ME		
STREET ADDRESS	213 SOUTH ADAMS STREET		3.3 ST	REET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4. CI	TY-ST-ZIP		
THILE		DELETE	4.1 TiT	LE		Change Addition
NAME			4. 2 N/	AME		
STREET ADDRESS			4.3 ST	REET ADORESS		
CITY - ST - ZIP			4.4 CI	Y-ST-ZIP		
TITLE		DELETE	5.1 TIT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-SI-ZIP		Printe		Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-\$1-ZIP	w cortile that the information evention	hwith this filing does not gue		Y-ST-ZIP	ed in Section 119 07/200 Florida Statuto	is I further certify that the
t am an of	by certify that in the information supplied in indicated on this annual roport of sufficer or director of the corporation or in Block 12 or Block 13 if changed or	this receiver or trustoe impo	wered to e	courate and the xecute this rep	ed in Section 119.07(3)(i), Florida Statute lat my signature shall have the same lega lort as required by Chapter 617, Florida S	il effect as if made under oath; that statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR

SIGNING OFFICER OR DIRECTO

Daylime Phone # 0007210

Date

FILED

Feb 26 1997 8:00am

Secretary of State